	1.
Please type a plus sign (+) inside this box	٦

## PTO/SB/05 Revised (11-00)

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		No.	31653-198560		
First Inventor Got		Gott	fried von BISMARCK		
Title	METHOD OF AND APPARATUS FOR ENCODING AND RECORD IDENTIFYING INDICIA FOR ARRAYS OF ROD-SHAPED COMMODITIES				

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))						abel No.			_9/~	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.						ASSISTANT Commissioner for Patents Box Patent Application				
1. \(  \) \(	Fee Transmittal Submit an original ar Applicant claims See 37 CFR 1.2 Specification preferred arrange Descriptive title o Cross Reference Statement Regar Reference to seq or a computer pro Background of th Brief Summary of	Form (e.g., PTC) Id a duplicate for fee p is small entity stat 7.  [T ment set forth belof the Invention s to Related Applic ding Fed sponsore uence listing, a tab orgam listing apper e Invention of the Invention of the Drawings ( in ion	o/SB/17) processing) rus.  fotal Pages w) ations d R & D ble, dix		8. Nucle (if app a.	computer Footide and/olicable, all Computer scification \$\ \] CD-ROM paper Statement ACCOMI  Assignment ACCOMI  Assignment when the	Program (Appendor Amino Acid Sil necessary) Readable Form Sequence Listing of or CD-R (2 cop s verifying identi PANYING APPL ent Papers (cove §3.73(b) Statem ere is an assigne	ate, large table or dix) equence Submission  (CRF) g on: ies); or  ty of above copies  LICATIONS PARTS  er sheet & document(s)) ent	19587 U	
4.	Drawing(s) (35 L) Declaration Newly execute Copy from a property of the proper	d.S.C.113) [7]  [7]  [8]  [8]  [9]  [9]  [1]  [1]  [1]  [1]  [1]  [1	37 CFR 1.6 ith Box 18 R(S) g inventor(s) 37 CFR FR 1.76 ons of 35 U	G3 (d)) completed)	12. 🖂 13. 🖂 14. 🖂 15. 🖂 16. 🖂 17. 🖂	Statement (IDS)/PTO-1449 Citations  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
Appln No filed inon  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation										
Name	VENABLE L	LP	F	PATENT TRADE	MARK OFFICE					
Address	P.O. Box 34385									
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					Registration No. (Attorney/Agent) 26,924			26,924		
Signature Figher Condens							Date	12/01/03		
PC Docs: 50	1710	``	-							

VENABLE

PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032
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## **FEE TRANSMITTAL** for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

770.00

Complete if Known Divisional of Appl. No. 09/671,585 Filing Date Concurrently First Named Inventor Gottfried von BRISMARCK Examiner Name Unassigned Group / Art Unit Unassigned 31653-198560 Attorney Docket No.

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)								
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None					3. ADDITIONAL FEES								
						Entity	Small	Entity					
				1	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid			
Deposit Account 22-0261			1051	130	2051	65	Surcharge - late filing fee or oath						
Number Deposit						1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
	ount	VENABLE	E ATTO	RNEYS AT LA	w			1053	130	1053	130	Non-English specification	
Nar	ne						]	1812	2,520	1812	2,520	For filing request for ex parte reexam	
The Commissioner is authorized to: (check all that apply)  ☐ Charge fee(s) indicated below ☑ Credit any overpayments					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action				
☐ Cha				der 1.16 or 1			of	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
				except for th	e filing fe	е		1251	110	2251	55	Extension for reply within first month	
to the a	bove-ide	ntified depos		ount. LCULATION				1252	410	2252	205	Extension for reply within second month	
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Large E	ntity	Small Entit	_					1254	1,450	2254	725	Extension for reply within fourth month	
Fee Code	Fee (\$)	Fee Fe Code (\$)		ee Description	<u>on</u>	Fee Paid		1255	1,970	2255	985	Extension for reply within fifth month	
1001	750	2001 37		Itility filing fee		770	٦.	1401	320	2401	160	Notice of Appeal	
1002 330 2002 165 Design filing fee		e	1		1402	320	2402	160	Filing a brief in support of an appeal				
1003	520	2003 26		Plant filing fee	•		╡	1403	280	2403	140	Request for oral hearing	•
1004	750	2004 37	5 F	Reissue filing f	ue filing fee			1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filling fee			1452	110	2452	55	Petition to revive – unavoidable						
SUBTOTAL (1) (\$)770.00						7	1453	1,300	2453	650	Petition to revive – unintentional		
						(*/		1501	1,300	2501	650	Utility issue fee (or reissue)	
2. EXT	RA CLAI	M FEES		_				1502	470	2502	235	Design issue fee	
				Extra Claims	Fee from below	Fee Paid		1503	630	2503	315	Plant issue fee	
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Independe	=	==	F			í <del>–</del>	╡	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q	)
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Multiple Dependent  Large Entity   Small Entity							8021	40	8021	40	Recording each patent assignment per property (times number of		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Desci	ription			1809	750	2809	375	properties) Filing a submission after final rejection (37 CFR § 1.129(a))	n —
1202	18	2202	9	Claims in	excess of 2	0		1810	750	2810	375	For each additional invention to be	$\vdash$
1201	84	2201	42			n excess of 3		1,0,0	. 55	20,0	3,3	examined (37 CFR § 1.129(b))	
1203	280	2203	140	Multiple de	Multiple dependent claim, if not pa			1801	750	2801	375	Request for Continued Examination (RCE	,
1204 84 2204 42 ** Reissue independent claims over original patent				1802	900	1802 900 Request for expedited examination							
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent						of a design application							
						Other fe	ee (specify	y)	_				
SUBTOTAL (2) (\$) 0													
						*Reduc	ed by Ba	sic Filin	g Fee P	aid SUBTOTAL (3) (\$) 0			
**or nu	ımber pre	viously paid	, if are	ater; For Rei	ssues, see	above		I					

1	SUBMITTED BY				Complete (if applicable)				
I	Name (Print/Type)	Robert Kinberg	Registration No. Attorney/Agent)	26,924	Telephone	(202) 344-4051			
	Signature	Boleston	New		Date	12/1/03			
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